

FACE INSURANCE  
140 Diamond Creek Place  
Roseville, CA 95747



FACE INSURANCE-MONTANA  
P.O. Box 69  
Columbia Falls, MT 59912

## COMMERCIAL INSURANCE APPLICATION

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

### GENERAL INFORMATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ FEIN# \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Entity:  Individual  Partnership  Corporation  
 Other: \_\_\_\_\_

Description of business/operations (Include Brochures): \_\_\_\_\_

Annual Revenue (Gross): \$ \_\_\_\_\_  Craft Brewer  Brewery  Brewery w/ Taproom  
(If New in Business Estimate)  Brewery w/ Restaurant  Winery  
 Winery w/ Tasting Room  Other: \_\_\_\_\_

LIABILITY LIMIT REQUESTED:  \$1,000,000/\$2,000,000  \$2,000,000/\$4,000,000

### LOCATION INFORMATION

IF MORE THAN ONE LOCATION, PLEASE COMPLETE FOR EACH LOCATION.

Location 1 (if different from mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest of Insured:  Owner/Occupant  Lessor  Tenant

Building Construction:  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Fire Resistive

Building Age\*: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Total Area (SF): \_\_\_\_\_ Sprinklers:  Yes  No

\* If building is over 30 years, date and extent of renovation or upgrades for: Wiring: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_

Square Foot Occupied: \_\_\_\_\_ Occupancy:  Retail  Wholesale  Storage  Office

Other Occupancies: \_\_\_\_\_

Building Limit: \$ \_\_\_\_\_ Contents Limit (Excluding Equipment): \$ \_\_\_\_\_

Business Income/Extra Expense: \$ \_\_\_\_\_ Rental Income: \$ \_\_\_\_\_

Computer Hardware: \$ \_\_\_\_\_ Software: \$ \_\_\_\_\_ Accounts Receivable: \$ \_\_\_\_\_

**Mortgage Company/Landlord/Loss Payee (Named & Address), include item for reference/Loan or Account #:**

\_\_\_\_\_

Certificate Holders/ Additional Insureds (Name & Address) Include project or reason: \_\_\_\_\_

\_\_\_\_\_

Safe on Premises?  Yes  No Exterior Doors with Deadbolts:  Yes  No

Frequency of Bank Deposits: \_\_\_\_\_

Exterior Lighting:  Front  Back Wire Mesh or Bars:  Doors  Windows

Alarms:  Fire  Burglary Type:  UL Central Station  Line Security  Police Department Connection

UL Local Monitoring Company: \_\_\_\_\_

**WORKERS' COMPENSATION**

**Required by State Law if you have Employees** (Complete for each classification of duties)

| <u>Classification</u> | <u># of Employees</u> | <u>Annual Remuneration</u> |
|-----------------------|-----------------------|----------------------------|
| Brewery               | _____                 | _____                      |
| Winery                | _____                 | _____                      |
| Retail                | _____                 | _____                      |
| Restaurant            | _____                 | _____                      |
| Clerical              | _____                 | _____                      |
| Other                 | _____                 | _____                      |

**UMBRELLA LIABILITY**

**Umbrella Liability Option:**  \$1,000,000  \$2,000,000  \$3,000,000

\$5,000,000 Other:  \$ \_\_\_\_\_

**OTHER GENERAL INFORMATION**

**Current Insurance:** (If no insurance is in force, please explain and detail any possible losses or claims that might have been covered under a policy. If there has been no such losses, please state "No Known Losses.")

Should be on letterhead and signed by owner/officer.)

| <u>Type of Policy</u> | <u>Insurance Company</u> | <u>Policy Number</u> | <u>Expiration Date</u> | <u>Premium</u> |
|-----------------------|--------------------------|----------------------|------------------------|----------------|
| PKG/GL/Property       | _____                    | _____                | _____                  | _____          |
| Liquor Liability      | _____                    | _____                | _____                  | _____          |
| Worker's Comp.        | _____                    | _____                | _____                  | _____          |
| Umbrella              | _____                    | _____                | _____                  | _____          |
| Automobile*           | _____                    | _____                | _____                  | _____          |

\* Automobiles-For owned autos, please ask for a separate application.

**Loss History:** (Attach Loss History from prior carrier, if available, or use a separate sheet for loss details.)

| Date of Loss | Type of Loss/Description | Amount Paid | Open/Closed |
|--------------|--------------------------|-------------|-------------|
| _____        | _____                    | _____       | _____       |
| _____        | _____                    | _____       | _____       |
| _____        | _____                    | _____       | _____       |
| _____        | _____                    | _____       | _____       |

**New York Fraud Statement**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Applicants Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN AND RETURN TO:**

**FACE INSURANCE**

**Fax to: 866-400-4793 or [Kanderson@faceins.com](mailto:Kanderson@faceins.com)**

